

Declaration

I, the undersigned, hereby declare that the information contained on the annexed update form is valid, correct and reflects our information as on the date of signature hereof.

I duly authorise the Board of Healthcare Funders of Southern Africa (BHF) to disseminate the information set out in the annexed update form with the BHF's member schemes/Administration Houses and / or PCNS Users for reimbursement purposes. To the extent that the information provided is not true and correct, I hereby indemnify the BHF against any claims which may be instituted against the BHF as a result of the incorrect information which I have provided to the BHF.

I undertake to promptly advise the BHF of any changes to the practice profile as and when such changes may occur.

I further declare that I will abide by the following:

I agree to annually renew my practice number and to pay to the annual fee, as determined by BHF, towards the maintenance and running of the PCNS for the period that my practice number remains active.

I acknowledge that failure to renew registration on an annual basis and to pay the annual fee in respect of the maintenance and running of the PCNS will result in my practice number being rendered inactive.

I agree to comply with all relevant legislation, in particular the provisions of the Medical Schemes Act, 1998. In this regard I agree to comply with the requirement to include diagnostic codes, and the full cost on my accounts or statements used to claim benefits from medical schemes and administrators.

I declare that I will comply with the requirement of regulation 5(f) of the General Regulations of the Medical Schemes Act and will use the ICD 10 Code for this purpose.

I declare that I will comply with the requirement of regulation 5(h) of the General Regulations to the Medical Schemes Act requiring the full cost of rendering service to be included on all accounts or statements.

I declare that I am registered with the relevant South African statutory body.

I agree to comply with all obligations in terms of the Income Tax Act.

I acknowledge that a practice number does not guarantee payment by a medical scheme or medical scheme administrator and shall under no circumstances attempt to recover any payment costs from the BHF, or unnecessarily involve the BHF in any disputes that I may have with a medical scheme administrator.

I agree that, in the event that I become aware of any fraudulent activities associated with the practice number, I will immediately notify the BHF thereof, and shall assist the BHF with any investigation action which may be taken by the BHF's Forensic Management Unit.

I agree to be bound by the BHF's policies and terms and conditions relating to the use of practice numbers as amended from time to time, and shall familiarise myself with the content of any updates to such policies and terms and conditions which the BHF may make from time to time, and shall use the practice number only in accordance with the BHF's latest amendments and requirements pertaining to the use of the practice number.



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T 087 210 0500

DIRECTORS NJ Khauoe (Chairperson) • JH Joubert (Deputy Chairperson) • JK Mothudi (Managing Director) • MR Bayley • LR Callakoppen • DC Carolus • BC Kamanga (Malawi) • SU Mangcwatywa • T Mlotshwa • TM Mloyi (Zimbabwe) • CM Mokgosana (Botswana) • BOS Moloabi • FM Mosoeu • RR Nandkoomar • FV Nompumza • MA Phomane (Lesotho) • HC Schäfer (Namibia) • MC Wilson

PARTNERS, ASSOCIATIES DETAILS

Please list all the partners, associates, shareholders, or directors who are actively rendering a service on this group practice. Also note that it is essential that each partner, associate, shareholder or director individually signs this form to give consent and are fully in agreement that the changes are made to group practice number.

Individual Practice Number _____ Name & Surname _____ ID Number _____ Signature _____ Date signed _____	Individual Practice Number _____ Name & Surname _____ ID Number _____ Signature _____ Date signed _____
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